

<b>CLAIMS ONLY</b>						SERIAL NO.		FILING DATE				
						APPLICANT(S)						
<b>CLAIMS</b>												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/					51						
2	/					52						
3	/					53						
4	/					54						
5	4					55						
6	4					56						
7	/					57						
8	/					58						
9	/					59						
10	/					60						
11	/					61						
12	/					62						
13	/					63						
14	/					64						
15	2					65						
16	1					66						
17	/					67						
18	/					68						
19	/					69						
20	/					70						
21	/					71						
22	2					72						
23	/					73						
24	/					74						
25	1					75						
26	3					76						
27	1					77						
28	1					78						
29	1					79						
30	/					80						
31	/					81						
32	/					82						
33	/					83						
34	4					84						
35	4					85						
36	/					86						
37	/					87						
38	/					88						
39	/					89						
40	/					90						
41						91						
42						92						
43						93						
44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
TOTAL IND.	6					TOTAL IND.						
TOTAL DEP.	50					TOTAL DEP.						
TOTAL CLAIMS	56					TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS